

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF ANGELO LEE CLARK	COURT CASE NUMBER 06-465 SLR
DEFENDANT CORRECTIONAL MEDICAL SERVICES ET AL	TYPE OF PROCESS COMPLAINT
SERVE ➡	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ATTORNEY GENERAL OF THE STATE OF DELAWARE
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 820 NORTH FRENCH STREET, WILMINGTON, DELAWARE 19801

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ANGELO LEE CLARK
DELAWARE PSYCHIATRIC CENTER
JANE E. MITCHELL BLDG
1901 NORTH DUPONT HWY
NEW CASTLE, DELAWARE 19720

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

8

Check for service on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

PAUPER CASE**SUEING I. E. FROM 2-4-6-8**
AND ALL**CORRECTIONAL MEDICAL SERVICES**
PERSONAL

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

302-654-5976
302-253-9701

DATE

5/12/07**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. _____

District to Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

bf

Date

5/18/07I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Keith Brady - Asst. State Solicitor☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

6/21/07

Time

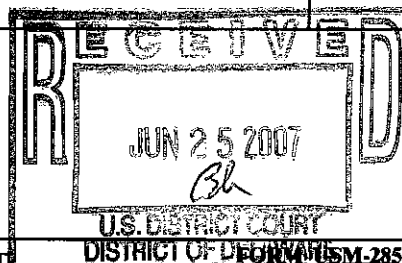
2:50 pm

Signature of U.S. Marshal or Deputy

Scanlon

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

U.S. DISTRICT COURT
DISTRICT OF DELAWARE USM-285 (Rev. 12/15/80)